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CONFIRMATION NO. 4050

<b>SERIAL NUMBER</b> 10/694,245	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 1133.005US2
<b>APPLICANTS</b> Timothy A. Morris, San Diego, CA;				
<b>** CONTINUING DATA *****</b> <i>KE</i> This application is a DIV of 09/609,275 06/30/2000 PAT 6,673,561 which claims benefit of 60/141,734 06/30/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/26/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>James L. G...</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> 21186				
<b>TITLE</b> Diagnostic test for thrombotic or thromboembolic disease				
<b>FILING FEE RECEIVED</b> 2134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	